



State of Montana
DEPARTMENT OF CORRECTIONS
APPLICATION FOR RELEASE ASSISTANCE

Date: ____/____/____

AO# _____

Name: _____

Amount Requested \$ _____

Prison Reception Date ____/____/____

Release Date: ____/____/____

Housing Unit _____ Cell _____

Current Inmate Account Balance \$ _____

Type of Release:

- ☐ - 10 Day Furlough ☐ - Intensive Supervision (ISP) ☐ - Parole
☐ - Supervised Release (Probation) ☐ - Discharge ☐ - Other _____

1) Has the inmate maintained inmate status at a secure facility that contributes to the Inmate Welfare Fund for 12 consecutive months?

☐ YES ☐ NO

2) Has the inmate completed, or in the process of completing all programming ordered by the court or BOPP?

☐ YES ☐ NO

3) Has the inmate obtained, or is in the process of obtaining, a GED or diploma?

☐ YES ☐ NO

4) Has the inmate received release assistance within the last 5 years?

☐ YES ☐ NO

5) Has the inmate transferred more than \$500 out of their inmate account in the last 12 months?

☐ YES ☐ NO

6) Has the inmate had a job assignment for the majority of incarceration?

☐ YES ☐ NO

If no, does the inmate request a review by the administrator, or designee? ☐ YES ☐ NO

7) Has the inmate maintained a minimum of 6 months clear conduct?

☐ YES ☐ NO

If no, does the inmate request a review by the administrator, or designee? ☐ YES ☐ NO

Comments:

Administrator or Designee Review Request Response (if applicable):

Signed By: _____, Administrator, or Designee

Date: ____/____/____

Funding Amount Authorized \$ _____

Completed By: _____ Case Manager/IPPO

Date: ____/____/____

Verified by Accounting on _____ By: _____

Write check to: _____ in the amount of \$ _____

Write check to: _____ in the amount of \$ _____

Write check to: _____ in the amount of \$ _____